# FORM D

Mail Section
May 05 LUCIE
Mall Section

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

1253	000				
OMB APPROVAL					
OMB Number:	3235-0076				
Expires:	April 30, 2008				
Estimated aver	age burden				

.. .16.00

SEC USE ONLY						
Prefix		Serial				
DATE RECEIVED						
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hours per response.

Name of Offering ( check if this is an amendment and name has changed, and indicate change.) Gryphon Opportunity Fund LP Offer of Limited Partnership Interests	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE
A. BASIC IDENTIFICATION DATA	[
1. Enter the information requested about the issuer	08049628
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	
Gryphon Opportunity Fund LP	
( , , , , , , , , , , , , , , , , , , ,	elephone Number (Including Area Code) 05-984-2000
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) same as above	elephone Number (Including Area Code)
Brief Description of Business	***
Investment advisor company.	
Type of Business Organization  corporation business trust limited partnership, already formed limited partnership, to be formed  Month Year  Actual or Estimated Date of Incorporation or Organization:  Urisdiction of Incorporation or Organization:  (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction)	MAY 0 8 2008

### GENERAL INSTRUCTIONS

#### Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## -ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA									
2. Enter the information requested for the following:									
<ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>									
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer									
• Each executive officer and director of corporate issuers and of corporate general and managing	partners of partne	ership issuers; and							
• Each general and managing partner of partnership issuers.									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director 🔳	General and/or Managing Partner							
		······································							
Full Name (Last name first, if individual)									
The Stoneharbor Group, LLC		<u> </u>							
Business or Residence Address (Number and Street, City, State, Zip Code)									
210 Montezuma Avenue, Santa Fe, NM 87501									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner							
Full Name (Last name first, if individual)		<u> </u>							
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner							
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner							
Full Name (Last name first, if individual)		<u> </u>							
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner							
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)	· <del>-</del>								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner							
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner							
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)									

					A. BASIC ID	ENTII	FICATION DATA				
2.	Enter the inform	ation r	equested for the fo	llowing	g:		***************************************				
	• Each promo	oter of	the issuer, if the is	suer ha	s been organized w	ithin 1	the past five years;				
	Each benefit	cial ov	vner having the pov	ver to ve	ote or dispose, or di	rect th	e vote or disposition	of, 10	% or more o	fa cla	ss of equity securities of the issuer
	Each execu	tive of	ficer and director of	of corpo	orate issuers and of	corpo	rate general and mar	naging	partners of	partn	ership issuers; and
			managing partner o			•	-		•	•	•
											<del> </del>
Ch	eck Box(es) that A	pply:	Promoter		Beneficial Owner		Executive Officer	IJ	Director		General and/or Managing Partner
Ful	l Name (Last name	first,	if individual)								
Bu	siness or Residence	Addr	ess (Number and	Street,	City, State, Zip Co	ode)					
Che	eck Box(es) that A	pply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Ful	l Name (Last name	first,	if individual)								
Bu	siness or Residence	Addre	ess (Number and	Street,	City, State, Zip Co	ode)					
Ch	eck Box(es) that A	pply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or
											Managing Partner
Fui	l Name (Last name	first,	if individual)								
Bus	siness or Residence	Addre	ess (Number and	Street,	City, State, Zip Co	de)					
Che	eck Box(es) that Ap	oply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Ful	l Name (Last name	first,	if individual)						,		
Bus	siness or Residence	Addro	ess (Number and	Street,	City, State, Zip Co	de)				•	<del></del>
Che	eck Box(es) that Ap	ply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full	l Name (Last name	first,	f individual)								
Bus	siness or Residence	Addre	ess (Number and	Street,	City, State, Zip Co	de)					
Che	eck Box(es) that Ap	pply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full	Name (Last name	first, i	f individual)								
Bus	siness or Residence	Addre	ess (Number and	Street,	City, State, Zip Co	de)					
Che	eck Box(es) that Ap	pply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full	Name (Last name	first, i	f individual)								
Bus	iness or Residence	Addre	ss (Number and	Street,	City, State, Zip Co	de)					

Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?		B. INFORMATION ABOUT OFFERING												
Answer also in Appendix. Column 2, if filling under ULOE.  2. What is the minimum investment that will be accepted from any individual?	1.	. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?												
2. What is the minimum investment that will be accepted from any individual? Yes No 3. Does the offering permit joint ownership of a single unit?													_	_
3. Does the offering permit joint ownership of a single unit?	2.	•••											\$ N/A	<b>.</b>
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar renumeration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed as ansociated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, our may set forth the information for that broker or dealer only.  Full Name (Last name first, if individual)  N/A  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)		That is the initialia investment that will be accepted from any institution.											Yes	No
commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  Full Name (Last name first, if individual)  N/A  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  AL AK AZ AR CA CO CT DE DC FL GA HII ID LI IN TA KS KY LA ME MD MA MI MN MS MO MT NE RN NH NI NI NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  All States  All Sta	3.											_		
N/A Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	4.	commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering.  If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such												
Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)			Last name	first, if indi	vidual)									
Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)			Dacidence	Address (N	lumber and	Street C	ity State 7	(in Code)						_
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	Dus	111622 01	Residence	Audiess (N	umber am	i Street, C	ity, State, Z	ill Code)						
All States   All States   All States   All States   All States   All AK   AZ   AR   CA   CO   CT   DE   DC   FL   GA   HI   ID   IL   IN   IA   KS   KY   LA   ME   MD   MA   MI   MN   MS   MO   MT   NE   NV   NH   NJ   NM   NY   NC   ND   OH   OK   OR   PA   NE   NV   NV	Nan	ne of Ass	sociated Br	oker or Dea	aler	·								
AL AK AZ AR CA CO CT DE DC FL GA HI ID IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NI NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Stat													
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IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)		AL	AK	AZ	ĀR	CA	col	CT	DE	DC	FL	[GA]	HI	ID
Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  AL AK AZ AR CA CO CT DE DC FL GA HI ID  IL IN IA KS KY LA ME MD MA MI MN MS MO  MT NE NV NH NJ NM NY NC ND OH OK OR PA  RI SC SD TN TX UT VT VA WA WV WI WY PR  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)														
Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)														
Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)		RI	SC	SD	TN	TX	UT	VT]	[VA]	WA	WV	<u>W1</u>	WY	PR
Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	Full	Name (	Last name	first, if indi	vidual)				· · · · · · · · · · · · · · · · · · ·					
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	Bus	iness or	Residence	Address (N	Vumber an	d Street, C	ity, State, 2	Zip Code)						
(Check "All States" or check individual States)  AL AK AZ AR CA CO CT DE DC FL GA HI ID  IL IN IA KS KY LA ME MD MA MI MN MS MO  MT NE NV NH NJ NM NY NC ND OH OK OR PA  RI SC SD TN TX UT VT VA WA WV WI WY PR  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)	Nan	ne of Ass	ociated Br	oker or Dea	aler									<del>-</del>
AL AK AZ AR CA CO CT DE DC FL GA HI ID  IL IN IA KS KY LA ME MD MA MI MN MS MO  MT NE NV NH NJ NM NY NC ND OH OK OR PA  RI SC SD TN TX UT VT VA WA WV WI WY PR  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)	Stat	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers				<u> </u>		
IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)		(Check	"All States	or check	individual	States)	•••••	***************************************	•••••				☐ All States	
MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)		AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	Hl	ID.
RI SC SD TN TX UT VT VA WA WV WI WY PR  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)								<u> </u>						
Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)					· · · · · · · · · · · · · · · · · · ·									
Business or Residence Address (Number and Street, City, State, Zip Code)		·				[IX]	[01]	<u> </u>	[VA]	WA]	[WV]		WY	<u>[PK]</u>
	Full	Name (I	ast name	first, if indi	vidual)									
Nome of Associated Darker or Darker	Business or Residence Address (Number and Street, City, State, Zip Code)													
Name of Associated Broker of Deater														
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers														
(Check "All States" or check individual States)														
AL AK AZ AR CA CO CT DE DC FL GA HI ID		AL	AK	AZ	ĀŔ	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL IN IA KS KY LA ME MD MA MI MN MS MO														
MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR														

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
		Aggregate		Amount Already
	Type of Security	Offering Price	;	Sold
	Debt	<b>\$</b>		\$
	Equity	\$	_	<b>\$</b>
	Common Preferred			
	Convertible Securities (including warrants)	\$	_	\$
	Partnership Interests	\$ <u>50,000,000</u>		\$_3,095,000
	Other (Specify)	\$		\$
	Total	\$ 50,000,000		\$_3,095,000
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			Aggregate
		Number Investors		Dollar Amount of Purchases
	Accredited Investors	10	_	\$ 3,095,000
	Non-accredited Investors	0	_	\$ <u>0</u>
	Total (for filings under Rule 504 only)		_	\$
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
		Type of		Dollar Amount
	Type of Offering	Security		Sold
	Rule 505			\$
	Regulation A			\$
	Rule 504			s
	Total		_	\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			s
	Printing and Engraving Costs			\$
	Legal Fees		<u> </u>	<u>\$ 5,000</u>
	Accounting Fees			\$
	Engineering Fees			\$
	Sales Commissions (specify finders' fees separately)	· ·	_	\$
	Other Expenses (identify)		$\overline{J}$	\$
	Total	_	<del>-</del> -	\$ 5,000

	C. OFFERING PRICE, NUMBI	ER OF INVESTORS, EXPENSES AND USE OF PI	ROCEEDS	
	b. Enter the difference between the aggregate offerin and total expenses furnished in response to Part C — Q proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross		\$_3,090,000
5.	Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for any check the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part Co	purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		] <b>s</b>	
	Purchase of real estate		] \$	\$
	Purchase, rental or leasing and installation of mach and equipment	inery	7.\$	□\$
	Construction or leasing of plant buildings and facil			
	Acquisition of other businesses (including the value offering that may be used in exchange for the assets issuer pursuant to a merger)	e of securities involved in this s or securities of another	_	_
	Repayment of indebtedness	· · · · · · · · · · · · · · · · · · ·		_
	Working capital			
	Other (specify):		J \$	
			] \$	s
	Column Totals		] \$	<b>■ \$</b> 3,090,000
	Total Payments Listed (column totals added)	<b>\$</b> _3,090,000		
_		D. FEDERAL SIGNATURE.	The second secon	
sig	e issuer has duly caused this notice to be signed by the u nature constitutes an undertaking by the issuer to furni information furnished by the issuer to any non-accre	ish to the U.S. Securities and Exchange Commiss	ion, upon writte	le 505, the following n request of its staff,
ss	uer (Print or Type)	Signature II	ate / /	
Gı	yphon Opportunity Fund LP	The at 1 Jan	4/20/08	
٧a	me of Signer (Print or Type)	The of Signer (Print of Type) Manager of The		
Ste	ewart A. Gardner	Partner of Gryphon Opportunity Fund LP		p,,
-				

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)